



Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201

Robert L. Ehrlich, Jr., Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 53
April 21, 2004

TO: Managed Care Organizations

FROM: Susan Tucker, Executive Director
Susan J. Tucker
Office of Health Services

NOTE: Please ensure that the appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Proposed Amendments to HealthChoice Regulations

ACTION: Proposed Regulations

WRITTEN COMMENTS TO:
Michele Phinney
201 W. Preston St., Rm. 538
Baltimore, MD 21201
Fax (410) 767-6483 or call
(410) 767-6499 or
1-877-4MD-DHMH extension 6483

PROGRAM CONTACT:
Division of HealthChoice Management
(410) 767-1482 or call
1-877-4MD-DHMH extension 1482

COMMENT PERIOD EXPIRES: May 17, 2004

The Secretary of Health and Mental Hygiene proposes to amend Regulation .01 under **COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits.**

The proposed amendments will remove the cite reference to COMAR 10.09.03 Pharmacy Services and instead provide a detailed explanation on when pharmacy copays cannot be imposed on HealthChoice enrollees.

A copy of these proposed amendments, as published in the April 16, 2004 Maryland Register, is attached to this transmittal.

Attachment



cludes:

a) - (b) (text unchanged)

(c) Evidence of internship [or], residency training, or other pertinent training;

d) (text unchanged)

(e) Evidence of [DEA or CDS] Drug Enforcement Administration or Controlled Dangerous Substances registration;

(f) - (g) (text unchanged)

(h) List of all hospitals where the physician or certified nurse practitioner has current privileges or is employed;

(i) - (j) (text unchanged)

(k) Past malpractice claims history; [and]

(l) Verification of status through the federal National Practitioner Data Bank[.]; and

(m) Cooperative arrangement with a physician for each certified nurse practitioner.

(3) (text unchanged)

E. Reevaluation of [a Physician] Physicians and Certified Nurse Practitioners.

(1) The HMO shall establish a formal written process for the reevaluation of appointment, employment, or selection of a physician and certified nurse practitioner. [The reevaluation shall be conducted every 2 years.]

(2) The reevaluation shall include [the following for all physicians] an ongoing process for verifying:

(a) Current State Licensure;

(b) Current Controlled Dangerous Substances or Drug Enforcement Administration registration; and

(c) Evidence of current malpractice insurance.

(3) Every 3 years, the reevaluation also shall include the following for all physicians and certified nurse practitioners:

(a) (text unchanged)

(b) An assessment of the performance pattern based on an analysis of

(i) - (iv) (text unchanged)

(v) Physician and certified nurse practitioner practice patterns as reviewed through the HMO's quality assurance program.

F. - H. (text unchanged)

.09 Access and Availability of Services.

A. (text unchanged)

B. Outside of Regular Hours. The HMO shall have a system for providing the enrollee with 24-hour access to a physician, or to a certified nurse practitioner if the enrollee has selected a certified nurse practitioner as the enrollee's primary care provider, in cases where there is an immediate need for medical services. If a certified nurse practitioner is providing the 24-hour coverage, a physician shall be available for consultation. To meet this requirement, the HMO's arrangements for off-hour services may provide for access to physicians who do not have a contract with the HMO and facilities such as hospital emergency rooms. When a physician who does not have a contract with the HMO is used, the HMO shall develop and publicize procedures assuring that the HMO is notified of the services and receives adequate documentation from the physician or facility within a reasonable period of time.

.10 [Physician] Availability of a Physician or Certified Nurse Practitioner.

A. The HMO shall have a physician or certified nurse practitioner available at all times to provide diagnostic and treatment services. The HMO shall assure that every en-

rollee seen for a medical complaint is evaluated under the direction of a physician or certified nurse practitioner and that every enrollee receiving diagnostic evaluation or treatment is under the direct medical management of an HMO physician or a certified nurse practitioner who provides continuing medical management.

B. Each enrollee shall have an opportunity to select a primary physician, or if the enrollee prefers, a certified nurse practitioner, from among those available to the HMO.

NELSON J. SABATINI
Secretary of Health and Mental Hygiene

Subtitle 09 MEDICAL CARE PROGRAMS

10.09.67 Maryland Medicaid Managed Care Program: Benefits

Authority: Health-General Article, §15-103(b)(2)(i),
Annotated Code of Maryland

Notice of Proposed Action

[04-090-P]

The Secretary of Health and Mental Hygiene proposes to amend Regulation .01 under COMAR 10.09.67 Maryland Medicaid Managed Care Program: Benefits.

Statement of Purpose

The purpose of this action is to remove the reference to COMAR 10.09.03 Pharmacy Services, under the standards for how MCOs may apply pharmacy copays. In its place, the Department is inserting language that explains when MCOs may not impose copays on enrollees.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments may be sent to Michele Phinney, Regulations Coordinator, Department of Health and Mental Hygiene, Room 521, 201 West Preston Street, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhhm.state.md.us, or call (410) 767-6499, or 1-877-4MD-DHMH, extension 6499. These comments must be received by May 17, 2004.

.01 Required Benefits Package — In General.

A. - B. (text unchanged)

C. Cost Sharing and Prohibitions.

(1) Except for the following, an MCO may not charge its enrollees any copayments, premiums, or cost sharing:

(a) Up to a \$2 copayment [in accordance with COMAR 10.09.03.05C] for brand-name drugs; or

(b) (text unchanged)

(2) An MCO may not [restrict]:

(a) Restrict its enrollees' access to needed drugs and related pharmaceutical products by requiring that enrollees use mail-order pharmacy providers; or

(b) Impose pharmacy copayments on the following:

- (i) Family planning drugs and devices;
 - (ii) Individuals younger than 21 years old;
 - (iii) Pregnant women; and
 - (iv) Institutionalized individuals who are inpatients in long-term care facilities or other institutions.
- D. — E. (text unchanged)

NELSON J. SABATINI
Secretary of Health and Mental Hygiene

Subtitle 44 BOARD OF DENTAL EXAMINERS
10.44.15 Examination for Licensure

Authority: Health Occupations Article, §§4-302 and 4-305,
Annotated Code of Maryland

Notice of Proposed Action
(04-094-P)

The Secretary of Health and Mental Hygiene proposes to repeal Regulations .06 — .08 and .12, amend and recodify Regulation .11 to be Regulation .08, and recodify Regulations .09 and .10 to be Regulations .06 and .07 under COMAR 10.44.15 Examination for Licensure. This action was considered by the Board of Dental Examiners at a public meeting held on February 4, 2004, notice of which was given by publication in 31:2 Md. R. 149 (January 23, 2004), pursuant to State Government Article, §10-506(c), Annotated Code of Maryland.

Statement of Purpose

The purpose of this action is to: (1) delete outdated language regarding "Maryland Only" clinical dental and dental hygiene examinations because the Board no longer administers "Maryland only" dental and dental hygiene clinical examinations; (2) delete the 1-year time limitation for acceptance of North East Regional Board scores; (3) delete the "modified examination" since the Board no longer administers clinical examinations; and (4) substitute a "regional board clinical examination" for a "bench test" since the Board no longer administers "bench tests".

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments may be sent to Michele Philney, Regulations Coordinator, Department of Health and Mental Hygiene, 201 W. Preston Street, Room 521, Baltimore, Maryland 21201, or fax to (410) 333-7687, or email to regs@dhmh.state.md.us, or call (410) 767-6499 or 1-877-4MD-DHMH, extension 6499. These comments must be received by May 17, 2004.

[.11].08 Bench Tests — In General.

[A bench test is] *The use of a regional board clinical examination is a nationally recognized method for screening applicants for clinical proficiency. [A bench test may be given in those instances when] The Board may require that an applicant for licensure take and pass a regional board*

clinical examination after filing their application for licensure if the Board determines that [a previously licensed] the applicant may have lost clinical skills because of an extended absence from clinical practice [(such as license suspension or revocation, illness or disability, incarceration, etc.). The bench test may also be used to screen for clinical proficiency of foreign dental school graduates who wish to take the examination for a general license to practice dentistry in Maryland].

NELSON J. SABATINI
Secretary of Health and Mental Hygiene

Title 12
DEPARTMENT OF
PUBLIC SAFETY AND
CORRECTIONAL SERVICES

Subtitle 04 POLICE TRAINING COMMISSION
12.04.01 General Regulations

Authority: Public Safety Article §3-208(a); Correctional Services Article §2-109;
Annotated Code of Maryland

Notice of Proposed Action
(07-091-P)

The Secretary of Public Safety and Correctional Services proposes to amend Regulations .07 and .12 under COMAR 12.04.01 General Regulations. A public meeting was held on this matter on January 12, 2004.

Statement of Purpose

The purpose of this action is to require a police officer who has not qualified with a service firearm for 3 consecutive years to complete entrance-level firearms training and qualification or a newly established firearms refresher training course before using a firearm or being recertified, or both. The Police Training Commission recognizes that there are valid reasons, for example, a leave of absence, a medical condition, or an administrative sanction, that may cause a police officer to not meet firearms training and qualification requirements while still employed by a law enforcement unit. The Commission also recognizes the need for a police officer to demonstrate continued proficiency with the approved service weapon or weapons at the time the officer returns to enforcement duties.

Comparison to Federal Standards

There is no corresponding federal standard to this proposed action.

Estimate of Economic Impact

The proposed action has no economic impact.

Economic Impact on Small Businesses

The proposed action has minimal or no economic impact on small businesses.

Opportunity for Public Comment

Comments may be sent to Francis Marear, Assistant Director, Police and Correctional Training Commission, 3085